

1. CIR./DIST./DIV. CODE FLM		2. PERSON REPRESENTED Ballut, Ghassan Zayed		VOUCHER NUMBER 03077-07-LL304	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 8-03-000077-007		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. vs. Ballut		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10. REPRESENTATION TYPE (See Instructions)					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> (1) 18 USC 1962-3300.F-8100- Interstate Commerce					
REQUEST AND AUTHORIZATION FOR EXPERT SERVICES					
12. ATTORNEY'S STATEMENT As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation and \$ _____ OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$300, excluding expenses) Signature of Attorney: Bruce G. Howie Date: 8/10/04 <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Bruce G. Howie 5720 Central Avenue, St Petersburg FL 33707 Telephone (727) 344-1111					
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) Translation of FISA tapes per order of 4/16/04 (Doc 508)			14. TYPE OF SERVICE PROVIDER CJA PAYMENT RECORD 01 <input type="checkbox"/> Investigator 15 <input type="checkbox"/> Other Medical 02 <input type="checkbox"/> Interpreter/Translator 16 <input type="checkbox"/> Voice/Audio Analyst 03 <input type="checkbox"/> Psychologist 17 <input type="checkbox"/> Hair/Fiber Expert 04 <input type="checkbox"/> Psychiatrist 18 <input type="checkbox"/> Computer (Hardware/ 05 <input type="checkbox"/> Polygraph 19 <input type="checkbox"/> Software/Systems 06 <input type="checkbox"/> Document Examiner 20 <input type="checkbox"/> Forensic Services 07 <input type="checkbox"/> Fingerprint Analyst 21 <input type="checkbox"/> Real 08 <input type="checkbox"/> Accountant 22 <input type="checkbox"/> Jury Consultant 09 <input type="checkbox"/> Criminalist/Toxicologist 23 <input type="checkbox"/> Mitigation Specialist 10 <input type="checkbox"/> Chemist/Toxicologist 24 <input type="checkbox"/> Translation Services 11 <input type="checkbox"/> Ballistics (See Instructions) 12 <input type="checkbox"/> Firearms/Explosive 13 <input type="checkbox"/> Other (Specify) 14 <input type="checkbox"/> Pathologist/Medical Examiner		
15. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted. Signature of Presiding Judicial Officer or By Order of the Court Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of <input type="checkbox"/> YES <input type="checkbox"/> NO					
CLAIM FOR SERVICES AND EXPENSES					
16. SERVICES AND EXPENSES (Attach itemization of services with dates)		AMOUNT CLAIMED		MATH/TECHNICAL ADJUSTED AMOUNT	
a. Compensation 147.25 x 47 =		6920.75		147.25 x 2/3	
b. Travel Expenses (lodging, parking, meals, mileage, etc.)					
c. Other Expenses					
GRAND TOTALS (CLAIMED AND ADJUSTED):				4615.40	
17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Legal Language Services 18 John Street, Suite 300 New York, NY 10038-4011 TIN: 212-766-4111 Telephone 212-766-4111 CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM 7/26/04 TO 8/10/04 CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Judge J. Morris Date 8/10/04					
18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case. Signature of Bruce G. Howie Date 8/10/04					
APPROVED FOR PAYMENT - COURT USE ONLY					
19. TOTAL COMPENSATION 6920.75		20. TRAVEL EXPENSES (- 2305.35 w/14)		21. OTHER EXPENSES =	
				22. TOTAL AMOUNT APPROVED/CERTIFIED 4615.40	
23. <input checked="" type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$300, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$300. Signature of Presiding Judicial Officer Judge J. Morris Date 12 Sept. 04 Judge/Mag. Judge Code 3A30					
24. TOTAL COMPENSATION		25. TRAVEL EXPENSES		26. OTHER EXPENSES	
				27. TOTAL AMOUNT APPROVED	
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3) Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____					

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